

Blyth Kayak Club

www.blythkayakclub.co.uk |  /blythkayakclub



Previous Experience:

Do you or any membership applicant have any previous paddlesport experience or relevant qualifications?

Emergency Contact:

Name(s):

Contact Numbers(s)

Declaration:

I/We agree to be bound by the rules and regulations of Blyth Kayak Club (set out without limitation in the Club's Constitution, Risk Assessment, Child Protection, Equity and Data Protection Policies). Upon acceptance into Blyth Kayak Club I understand that activities carry an assumed risk and that failure to follow the instruction of coaches is likely to cause a danger to myself and others. I/We understand that activities are undertaken at my/our own risk.

I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise. (Should a medical condition exist; this will not necessarily preclude you from membership but it must be declared on this form. Should you have any doubt, advice should be sought from your family doctor).

Finally, it is my responsibility to ensure that all information given on this form is accurate and up to date, and to alert the club to any changes.

- I have read the above declaration and agree to be bound by it.
- GDPR Declaration - I consent to my data being stored by Blyth Kayak Club.¹
- Additionally, please tick this box to signify you are happy to appear in photography.

Member Name:

Signed: _____ Date: _____

(Parent/Guardian Where applicant is under 18 years of age) *

*Please note that this signature also constitutes consent for day excursions.

Please return this form to the Club Secretary.

¹ Further GDPR information can be found at Information Commissioners Office - ico.org.uk